

FORM
A 19-1A
(Rev. 5/91)



STATE OF WASHINGTON
INVOICE VOUCHER

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.

AGENCY NAME
Office of the Administrator for the Courts
VENDOR OR CLAIMANT (Warrant is to be payable to)

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY

(SIGN IN INK)

(TITLE)

(DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract Payments to I.R.S. Do not fill in. Attach a W-9 form)										RECEIVED BY					DATE RECEIVED	
DATE	DESCRIPTION										QUANTITY	UNIT PRICE	AMOUNT	FOR AGENCY USE		
PREPARED BY					TELEPHONE NUMBER			DATE		AGENCY APPROVAL				DATE		
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC.		VENDOR NUMBER			VENDOR MESSAGE				UBI NUMBER	
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEXPROGRAM INDEX		SUB OBJ	SUB SUB OBJ OBJECT	ORG INDEX	WORKCLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
ACCOUNTING APPROVAL FOR PAYMENT							DATE					WARRANT TOTAL			WARRANT NUMBER	